

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO.	FILED DATE				
								APPLICANT(S)					
CLAIMS													
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.
1								91					
2								92					
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TOTAL NO.		TOTAL		TOTAL		TOTAL		TOTAL NO.		TOTAL		TOTAL	
DEP.		DEP.		DEP.		DEP.		DEP.		DEP.		DEP.	
TOTAL		TOTAL		TOTAL		TOTAL		TOTAL		TOTAL		TOTAL	
CLAIMS		CLAIMS		CLAIMS		CLAIMS		CLAIMS		CLAIMS		CLAIMS	

39/16